

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
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Received  
9/7/21

**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Sept. 7, 2021

Case Number: 22-19

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Dr. Ale Aguirre

Premise Name: Salt River Veterinary Specialists

Premise Address: 9953 N. 95th Street

City: Scottsdale State: AZ Zip Code: 85258

Telephone: (480) 819-8630

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Chris Keller

Add. [REDACTED]

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Home Telephone [REDACTED] Cell Telephone [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Banksy  
Breed/Species: French Bull Dog  
Age: 11 mo. Sex: Male Color: Blue Fawn

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Dr. Ale Aguirre 9953 N. 95th st, Scottsdale, AZ 85258 480-819-8630

Dr. Mark Soderstrom 6909 E. Lincoln Dr. Paradise Valley, AZ 85253 602-329-2231

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Dr. Ale Aguirre- 9953 N. 95th st, Scottsdale, AZ 85258 480-819-8630

Dr. Mark Soderstrom- 6909 E. Lincoln Dr. Paradise Valley, AZ 85253 602-329-2231

Makena- Salt River Veterinary Specialists Patient Care Coordinator, same contact as Dr. Ale Aguirre

Unknown Technician- Salt River Specialists employee watching Banksy, same contact as Dr. Ale Aguirre

Rio Elena Lopez de Nunez- Salt River Specialists Practice Manager, same contact as Dr. Ale Aguirre

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 9/4/21

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

The morning of Banksy's surgery he had two ice cubes to play with and no food. I dropped our dog Banksy off on 8/30/21 at 8:05AM and his surgery started at about 1PM. Banksy underwent surgery for his neuter and laryngeal sacculles removal.

Surgery was successful and Banksy was walking around in the parking lot with Dr. Soderstrom 1.5 hours post operation. "He was alert and animated without evidence of respiratory distress with excitement"- Dr. Soderstrom

I called Salt River Veterinary at 4PM that day to see when we could pick him up. The receptionist put us on hold to ask Dr. Aguirre when Banksy could leave and Dr. Aguirre told the receptionist to tell us he would like to keep him until noon or later the following day. We were apprehensive but felt he would be in the best care under the watchful eye of Salt River. I never met or spoke with Dr. Aguirre that day or previously.

6AM the following morning we recieved a call from Dr. Aguirre, Banksy had become agitated and the technician called Dr. Aguirre to come in and evaluate him. Dr. Aguirre told us that Banksy vomited alot of clear liquid, aspirated, and he was very worried about Banksy. Dr. Aguirre said he inserted a tube so Banksy could breathe and notified us he would continue to work on Banksy and would give us a call in approximately 6 minutes. My wife asked "who was watching Banksy?" Dr. Aguirre's response was "We we have a Tech." Dr. Aguirre called back about 5 minutes later he said I am very worried about Banksy, his heart has stopped and we have been performing CPR. Dr. Aguirre asked "what do you want me to do?" My wife asked "how long have you been performing CPR?" Dr. Aguirre said "for about 6 minutes." Dr. Aguirre again asked "what do you want me to do?" My wife said "let him go in peace."

My wife and I strongly feel that Salt River was Negigent in their aftercare of Banksy.

We have been informed by both Dr. Soderstrom and Ingleside that Banksy post surgery was alert, animated, eating and drinking through the evening.

We need to understand why Dr. Aguirre wanted Banksy to stay through the evening, what were his medical concerns?

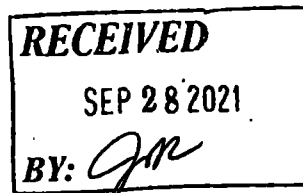
We also need to understand exactly who was responsible for Banksy's care post surgery, overnight and the following morning.

It is critical that we understand exactly what happened and how we went from a healthy dog to Banksy passing in less than 12 hours.

We want to make sure this does not happen to anyone else. We have recieved phone calls from both Dr. Soderstrom (Surgen) and Ingleside (Banksy's primary Vet) but no contact from Salt River.

Chris and Rosie Keller

9953 N 95<sup>th</sup> St, Suite 105  
Scottsdale, AZ 85258  
September 19, 2021



Dear members of the Arizona Veterinary Medical Board:

This letter pertains to Case #22-19 In Re: Alejandro Aguirre, DVM, DACVIM.

Banksy Keller, an 11-month-old intact male French Bulldog belonging to Chris and Rosie Keller, was referred to Salt River Veterinary Specialists by Ingleside Animal Hospital for a surgical consultation for soft palate reduction. The clinical history reported Banksy's breathing was quite audible and he was having a hard time doing any sustained activity at home as a result of suspected brachycephalic airway syndrome. He also had a known history of regurgitation.

The owners and Banksy had their first consultation with the surgical service and Dr. MaryAnn Radlinsky, a board-certified surgeon, on 6/24/2021. On exam, Dr. Radlinsky reported that Banksy had continuous stertor during the visit. Radiographs were performed due to his respiratory effort and identified aspiration pneumonia in the right cranial lung lobe (see included radiographs and statement from Dr. Radlinsky). He was also found to be unilaterally cryptorchid. Surgical intervention for brachycephalic airway disease was discussed by Dr. Radlinsky with the owners including the potential complications of airway swelling, hemorrhage, aspiration, and 2.5-5% chance of mortality. A barium swallow with fluoroscopy to evaluate the regurgitation was also discussed to evaluate for gastroesophageal reflux and hiatal hernias, but was not pursued. Banksy was started on Amoxi/Clav for his aspiration pneumonia. Metoclopramide and omeprazole were recommended to be started 5 days prior to surgery. The surgery service provided copies of Dr. Radlinsky's Surgical Consultation report to the owners which details the nature of the surgery, potential complications, and overnight staffing.

Banksy was rechecked by Dr. Radlinsky on 7/19/21 and was doing well. Radiographs showed resolution of the previously noted pneumonia (see included radiographs). Surgery was subsequently scheduled for 8/9/21.

The owners called on 8/5/21 indicating that the metoclopramide and omeprazole were discontinued because his breathing was worse and he had vomited after starting the medications. The owners were informed that Dr. Radlinsky was not in the office and that no additional recommendations could be made other than to seek care with the referring veterinarian or Emergency Room if Banksy was struggling to breathe. The owners called the following day, 8/6/21 with an update that Banksy had been seen at their primary veterinarian and was feeling better. The owners were concerned about medications prior to the scheduled surgery on 8/9/21 and a message was taken indicating the staff would look onto and call back. In the interim, Salt River Veterinary Specialists was informed that Dr. Radlinsky had experienced a medical emergency with limited information beyond that extent at the time. The owners were subsequently contacted and informed that Dr. Radlinsky was out on extended medical leave as a result of a medical emergency and that the surgery needed to be cancelled. The owners called on 8/9/21 to inquire if any additional information regarding rescheduling was known and were advised that unfortunately no new information was known at that time. The owners were contacted on 8/12/21 to follow up on the procedure and were offered Dr. Soderstrom as a mobile surgeon that was willing to help out and perform the procedure at Salt River. The owners initially declined and elected to delay surgery until Dr. Radlinsky's return. The owners

subsequently called back on 8/17/21 to say that Banksy was still struggling and that they would like to proceed with surgery with Dr. Soderstrom, but would like to meet him personally and for him to see Banksy. The office had recently converted to curbside service due to covid precautions, but exceptions were made to have the owner meet directly with Dr. Soderstrom in an exam room given Dr. Radlinsky's unexpected leave. Dr. Soderstrom met with Banksy and Mr. Keller on 8/23/21 and surgery was subsequently scheduled for 8/30/21.

At the time of admission for surgery, Banksy was doing well. He was premedicated with metoclopramide based on a previous determined anesthetic protocol by Dr. Soderstrom. An upper airway evaluation was performed under anesthesia. Dr. Soderstrom contacted the owners with the findings of everted laryngeal saccules. The decision was made not to correct the soft palate at the time. A cryptorchid neuter was also performed. Banksy recovered well from the procedure and remained stable throughout the afternoon.

Late in the afternoon following surgery, Banksy was transferred to me on the Internal Medicine Service for monitoring, as I was the on-call doctor for hospitalized patients the night of his surgery. In an abundance of caution and given Banksy's complicated medical history and quite excitable nature, it was decided that it would be prudent to monitor for laryngeal swelling in the hospital for 12-24 hours following surgery as commonly done by the surgical service. I asked the surgical technician, Heather Jewell, to communicate with the owner as a means of maintaining continuity of care since she had been part of each of the appointments and follow-up communications with the owner and was also the admitting surgical technician on the day of surgery. She relayed his stable status and the recommendation for him to stay overnight for monitoring and pain management. He was stable and was breathing comfortable at the time of my exam in the afternoon following surgery. He ate a small meal readily later in the evening. He was stable at the time I left the hospital at a little after 7 PM. Banksy was scheduled to have buprenorphine and trazadone overnight as I do for many of my tracheal stents and airway procedure patients.

Our overnight technician, Jennifer Pruitt, attentively monitored Banksy overnight. She contacted me around 5 AM and said that Banksy had started panting and she had prophylactically placed him in oxygen as we have always recommended for any airway patient. I recommended administering a very small dose of acepromazine for light sedation just in case to limit laryngeal swelling. She contacted me again about 45 minutes later with an update. I asked that video of his breathing be texted for review. The video demonstrated Banksy panting, but no respiratory distress or stridor was noted (see provided video). A second small dose of acepromazine was administered at my direction.

I made arrangements with my wife to take our kids to school so that I could leave for work early to check on Banksy rather than going in at my usual time. Jennifer subsequently contacted me at a little after 6 AM to indicate that Banksy had acutely collapsed and had stopped breathing. I immediately rushed, got in the car, and drove to the hospital. I live approximately 12 minutes away. I stayed on the phone the entire time with Jennifer while I was enroute to the hospital. She intubated Banksy and began manually ventilating him on 100% oxygen. Anesthetic monitoring equipment was placed and I could hear the ECG while driving. She consistently called out vitals over the phone during the resuscitation efforts. His pulse ox remained in the 60's and 70's despite manual ventilation and supplemental oxygenation. Bradycardia ensued shortly before I arrived. The IV catheter blew during the resuscitation efforts. Atropine was subsequently administered intratracheal.

Upon my arrival, bilious fluid was seen emanating from the endotracheal tube, consistent with a severe aspiration event and not laryngeal swelling as I had initially suspected may be the issue. The patient was inverted and a significant amount of bile was drained in an attempt to clear the airway. The endotracheal tube was exchanged to clear any remaining fluid and potential food material. No swelling of the airway was noted and Banksy was reintubated easily. His pulse ox remained in the 60's and 70's despite manual ventilation on 100% oxygen. He continued to make no efforts to breath on his own. Jennifer continued the manual ventilation, while I contacted the owners following Banksy's collapse and they were informed of his serious condition. After finishing the call with the owners, his pulse ox failed to improve despite all efforts. Cardiac arrest ensued and his pupils became fixed and dilated. The owners were contacted a second time and the decision was made to stop resuscitation efforts due to the poor chance of a meaningful recovery.

In response to his complaint letter, Mr. Keller's primary concern seems to revolve around Banksy's overnight stay. The decision to monitor Banksy overnight in the hospital was multifactorial and was made out of an abundance of caution. Potential hospitalization overnight had previously been discussed based on the medical records at time of the surgical consults. Banksy's procedure was performed in the afternoon. Discharging a respiratory surgery patient 3 hours after the procedure seemed worrisome to me given his complicated history. Banksy was also a very excitable dog with a history of respiratory issues including pneumonia. I felt that monitoring him in the hospital was the safest place for him to be in the event of a complication and didn't want to risk decompensation at home in the immediate post-operative period.

To further address Mr. Keller's concerns regarding his care, Banksy was actively being monitored overnight by our staff and was stable and doing very well to the point where he ate a small meal readily in the evening. I generally leave the hospital quite late and at the time of my departure he was resting comfortably and breathing without stertor or effort. Trazadone and very low dose acepromazine were administered, as I do in many of many of my airway patients to keep them relaxed and breathing more calmly. The agitation referred to by the owner occurred only when taking his temperature. No obvious respiratory distress was identified in the video provided by the overnight technician at the point when he was panting and in the oxygen cage. Banksy's decompensation was very acute and care was immediately provided. Unfortunately, regurgitation occurs spontaneously and it is not a predictable event. Banksy had struggled with regurgitation issues prior to surgery and had even had aspiration pneumonia at the time of his first visit. Attempts were made prior to surgery to limit regurgitation, but the medications were discontinued by the owners due to undesirable side effects. He was administered metoclopramide at induction in an attempt to limit aspiration as much as possible. His regurgitation and severe aspiration were equally as likely to have occurred at home as it was in the hospital. Had Banksy decompensated at home the night of surgery, there would have been little that the owners could have done to try to intervene; not to mention of the trauma of seeing a pet go through respiratory arrest. Salt River was able to perform resuscitation efforts since he was in the hospital at the time of his collapse. It was truly unfortunate that the degree of his aspiration was so catastrophic and unrecoverable.

My experience as an internist with French Bulldogs is that many suffer from a number of GI issues including hiatal hernias, IBD, and ulcerative colitis in addition to their airway issues. Corrective measures for brachycephalic airway can help to limit their regurgitation, but I still see many that need their hiatal hernias and IBD addressed even after surgery. Banksy likely was one

of those patients. His clinical history would seem to indicate that he likely had a hiatal hernia and possibly IBD given the historical vomiting and regurgitation.

Both Mr. and Mrs. Keller were very upset and quite emotional when I first reached out to notify them of Banksy's change in condition. Their anger, frustration, and sadness were completely understandable given the situation. It is also one of the most difficult phone calls a veterinarian has to make to notify owners of such a dramatic change in a previously stable patient. The details of some of the information I provided them seem to have been partially lost in their distress. I did in fact indicate that Banksy had aspirated a large volume of bile not clear fluid as they reported. The clear liquid they are referring to was likely the fluid seen by Dr. Soderstrom in the back of Banksy's throat at the time of surgery that had to be suctioned. During the first conversation, I indicated that we were doing everything we could to breathe for him and that I would be back in contact with updates pending his response. The 6 minutes that the owners were referring to was actually part of the second conversation and was actually 8 minutes beyond my first call. The emphasis of my second call was not the duration of the resuscitation efforts, but more importantly that the efforts had failed and that Banksy was not going to recover. Since Banksy's hypoxia could not be reversed despite 100% oxygen and manual ventilation, there was little chance of recovery from a full arrest. Had it just been upper airway swelling, intubation would have resolved the issue along with manual ventilation. Severe aspiration explains the lack of response to resuscitation. The nearly simultaneous fixed and dilated pupils at the time of his full arrest strongly suggests that his brain was deprived of oxygen for too long and he was not going to recover. News of this nature is incredibly upsetting particularly when it comes unexpectedly and in the early morning hours.

The issue of whom was providing the overnight care seemed well established in reviewing the records the day of his surgery. Dr. Radlinsky is quite thorough about informing owners about the nature of surgery, the possible complications, and also the limited staffing overnight at the time of her initial surgical consultations. The surgery service provides a copy of her report at the time of the appointment which includes those details. Being an overnight on-call doctor, I have to trust that those before me have detailed the nature of the overnight care. In addition, the owners were provided the surgical consent form at two different times which details the overnight care and observation. They signed the consent forms indicating their acceptance the morning of Banksy's surgery.

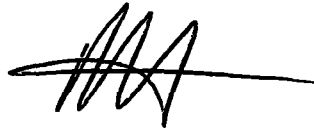
The owners claim that Salt River never contacted them is untrue. I contacted them twice during the resuscitation efforts to apprise them of Banksy's status. The emotional nature of the information and early morning hour in which I called likely led to some of their confusion. Danni, our lead receptionist, called later to verify the owner's desire for cremation and to have Banksy's ashes returned to them.

I have included a copy of the medical records, signed surgical consent forms, signed surgical estimate, radiographs, and video of Banksy breathing for the committee's review.

In conclusion, there is no doubt that the unexpected loss of Banksy is incredibly tragic for the owners as it has been for me and the staff at Salt River. The circumstances surrounding Dr. Radlinsky's emergency medical leave were quite unprecedented and are very unlikely to happen again. I feel that Salt River did the best it possibly could to offer an alternative option to facilitate the surgical care of Banksy. Our entire staff was very sensitive to the unusual situation of offering a replacement surgeon and went to great lengths to facilitate an in-person consultation, during a time when the hospital was closed to clients due to covid precautions, in advance of rescheduling Banksy's surgery. I truly sympathize with owners over the loss of

Banksy, but I do feel that all measures in his care were done with the best of intentions, to the best of our ability, and in compliance with the standard of care. Unfortunately, his acute decompensation could not have been predicted given his stable recovery. Please let me know if you need any additional information. I can be reached [REDACTED]

Sincerely,

A handwritten signature in black ink, consisting of stylized, overlapping loops and a long horizontal stroke extending to the right.

Alejandro Aguirre DVM, DACVIM



**Douglas A. Ducey**  
- Governor -



**Victoria Whitmore**  
- Executive Director -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. Adams Street, Ste. 4600, Phoenix, Arizona 85007

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[vetboard.az.gov](http://vetboard.az.gov)

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Adam Almaraz - Chair  
Amrit Rai, DVM  
Steven Dow, DVM  
Gregg Maura  
Justin McCormick, DVM

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Marc Harris, Assistant Attorney General

**RE:** Case: 22-19  
Complainant(s): Chris Keller  
Respondent(s): Alejandro Aguirre, DVM (License: 4010)

**SUMMARY:**

Complaint Received at Board Office: 9/7/21  
Committee Discussion: 2/1/22  
Board IIR: 3/16/22

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised  
September 2013 (Yellow)

On August 30, 2021, "Banksy," an 11-month-old male French Bulldog was presented to Dr. Soderstrom for everted laryngeal sacculles, elongated soft palate evaluation and cryptorchid neuter surgery. The surgery was performed – the everted laryngeal sacculles were removed and the dog was neutered; the soft palate was normal.

Respondent recommended the dog stay overnight for monitoring.

The following morning, the dog began to pant; therefore overnight technical staff placed the dog on oxygen and contacted Respondent. Respondent directed staff to administer the dog a sedative and send him a video of the dog – no respiratory distress or stridor was noted.

A short time later, the dog acutely collapsed and stopped breathing. Staff immediately started CPR with Respondent on the phone on his way to the premises. Upon Respondent's arrival, he noted bilious fluid coming from the endotracheal tube, consistent with severe aspiration, not laryngeal swelling as he had initially suspected.

Respondent contacted Complainant to advise him of what had transpired. After

approving attempts to resuscitate the dog with no success, Complainant authorized CPR to cease.

**Complainant was noticed and did not appear.**

**Respondent was noticed and appeared with counsel; David Stoll.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Chris Keller*
- Respondent(s) narrative/medical record: *Alejandro Aguirre, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Mark Soderstrom, DVM – Surgeon*

## **PROPOSED 'FINDINGS of FACT':**

1. On June 26, 2021, the dog was presented to Salt River Veterinary Specialists on referral for surgical consultation for soft palate reduction. The dog was evaluated by Respondent's associate, Dr. Radlinsky, for evaluation. Radiographs were performed and revealed aspiration pneumonia in the right cranial lung lobe. Surgical intervention for brachycephalic airway disease was discussed by Dr. Radlinsky with Complainant including the potential complications of airway swelling, hemorrhage, aspiration, and death. The dog was found to be unilaterally cryptorchid. A barium swallow with fluoroscopy to evaluate the regurgitation was also discussed to evaluate for gastroesophageal reflux and hiatal hernias, but was not pursued. The dog was started on antibiotics for the aspiration pneumonia. Metoclopramide and omeprazole were recommended to be started five (5) days prior to surgery.
2. On July 19, 2021, the dog was presented to Dr. Radlinsky for a recheck. Repeat radiographs showed resolution of the pneumonia. Surgery was scheduled for August 9, 2021.
3. On August 5, 2021, Complainant called to report that the metoclopramide and omeprazole were discontinued because the dog's breathing was worse and he had vomited after starting the medications. Dr. Radlinsky was not in the office that day, therefore it was recommended the dog be seen by the primary care veterinarian or an emergency service if the dog was struggling to breathe. The following day, Complainant reported the dog had improved.
4. Days prior to surgery, Dr. Radlinsky had a medical emergency and would be out for an extended medical leave. Complainant was contacted and the surgery was cancelled.
5. On August 12, 2021, Complainant was contacted by Respondent's premises to offer to have Dr. Soderstrom, a mobile surgeon, perform surgery on the dog at Respondent's premises. Complainant initially declined and opted to wait for Dr. Radlinsky to return.
6. On August 17, 2021, Complainant called to report that the dog was still struggling and would like to proceed with the surgery with Dr. Soderstrom, however would like to meet him

prior and have him examined the dog.

7. On August 23, 2021, the dog was presented to Dr. Soderstrom for pre-surgical evaluation for possible brachycephalic airway disease. Dr. Soderstrom discussed brachycephalic airway disease and management of regurgitation/vomiting with Complainant at length. Anesthetic evaluation and surgery was scheduled for August 30, 2021.

8. On August 30, 2021, the dog was presented to Dr. Soderstrom for evaluation and surgery. An IV catheter was placed and the dog was started on LRS. The dog was pre-medicated with metoclopramide, cefazolin, midazolam, and hydromorphone; induced with propofol; intubated; and maintained on isoflurane and oxygen. Dr. Soderstrom evaluated the dog under anesthesia – oropharyngeal evaluation revealed a caudally located larynx and narrow palatine arches. The soft palate extended 1 – 2mm beyond the epiglottis and shortening would not likely be helpful. Dr. Soderstrom continued with removal of the everted sacs and cryptorchid neuter. The dog recovered uneventfully.

9. Approximately 1.5 hours post-surgery, the dog was alert and animated without evidence of respiratory distress with excitement. The dog remained stable throughout the afternoon. Later that day, the dog's care was transferred to Respondent.

10. Complainant called to check on the dog. Technical staff member, Ms. Jewell, advised that the dog was doing good and it was recommended to keep the dog overnight for monitoring. The dog was resting comfortable at that time and should be able to go home the next day.

11. Respondent stated that he evaluated the dog that evening prior to leaving the premises - the dog was stable and breathing comfortably. He ate a small meal and Respondent scheduled him to get buprenorphine and trazadone overnight as he did for many of his tracheal stents and airway procedure patients.

12. The overnight technician, Ms. Pruitt, monitored the dog overnight. Shortly after midnight, the dog began panting and pacing in kennel – trazadone was administered. The dog ate some baby food and was drinking water. Around 2:00am, the dog was walked, urinated normally. At around 3:00am, Ms. Pruitt attempted to temp the dog – he became upset, trying to bite, and became stressed/pant (T-101.8). Buprenex was administered and the IV catheter was flushed. At around 4:30am, Ms. Pruitt placed the dog in an oxygen kennel due to panting.

13. Around 5:00am, 8/31/21, Ms. Pruitt called Respondent to report that the dog was panting and she had placed him on oxygen. Respondent told Ms. Pruitt to administer a small dose of acepromazine to help limit laryngeal swelling.

14. About 45 minutes later, Respondent was contacted with Ms. Pruitt with an update. She

sent a video of the dog to Respondent who then instructed her to give another small dose of acepromazine. Respondent noted that the dog was panting but no respiratory stridor or distress.

15. A little after 6:00am, Ms. Pruitt called Respondent to report that the dog had collapsed acutely and had stopped breathing. She intubated the dog and began ventilation – she also hooked up to monitoring equipment. Respondent made his way to the premises and remained on the phone with Ms. Pruitt so he could be made aware of the dog's vitals continuously. When Respondent arrived, the dog's IV catheter blew during resuscitation efforts – atropine was administered intratracheal. Bilious fluid was coming from the endotracheal tube, consistent with severe aspiration event, not laryngeal swelling as he had initially suspected. The dog was inverted and significant amount of bile was drained in an attempt to clear the airway. The endotracheal tube was exchanged to clear any remaining fluid and potential food material. No swelling of the airway was noted. The pulse ox was 60 - 70% despite manual ventilation on 100% oxygen.

16. Respondent contacted Complainant while Ms. Pruitt continued manual ventilation. He informed Complainant of what had transpired and the dog's serious condition. After the call, the dog's pulse ox failed to improve - the dog went into cardiac arrest and his pupils became fixed and dilated. Complainant was contacted a second time and the decision was made to stop resuscitation efforts due to the poor chance of a meaningful recovery.

17. Respondent stated in his narrative that the dog's decompensation could not have been predicted given his stable recovery.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that this breed is being bred with genetic defects due to the breed becoming more fashionable. They felt the care and treatment of the dog by Respondent was appropriate. The dog was monitored overnight and was in the best place in case there was an emergency or complication. Unfortunately, there was still a poor outcome.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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Tracy A. Riendeau, CVT  
Investigative Division